

PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005**
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)
MXI-024CPDVCN2

Application Number 10/619755-Conf. #7391

Filed July 15, 2003

For TARGETED IMMUNOSTIMULATION WITH BISPECIFIC REAGENTS

Art Unit 1642

Examiner Yaen, Christopher H.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | Fee | Small Entity Fee | |
|--|--------|------------------|-------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 41,710

☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34


Signature

August 19, 2005

Date

Jeanne M. DiGiorgio

Typed or printed name

(617) 227-7400

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

08/24/2005 BABRAHA1 00000020 120080 10619755

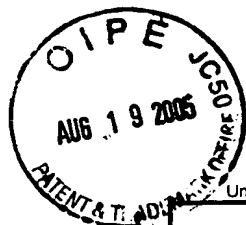
01 FC:1253

1020.00 DA

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV553870719US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 19, 2005

Signature:  (Jeanne M. DiGiorgio)



PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | |
|---|--|--------------------------|-----------------------|-------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/619755-Conf. #7391 | |
| TOTAL AMOUNT OF PAYMENT | | Filing Date | July 15, 2003 | |
| (\$) | | 1,020.00 | First Named Inventor | Jean Loup ROMET-LEMONNE |
| | | Examiner Name | Yaen, Christopher H. | |
| | | Art Unit | 1642 | |
| | | Attorney Docket No. | MXI-024CPDVCN2 | |

| | | | | |
|---|---|--------------------------------------|-------------------------------|---|
| METHOD OF PAYMENT (check all that apply) | | | | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u> | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments | | | |

| | | | | | | | |
|---|---------------------|---|---------------------|-------------------------|----------------------------------|-----------------------|----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | Fee (\$) | FILING FEES | SEARCH FEES | EXAMINATION FEES | | Fees Paid (\$) | |
| | | Small Entity | Small Entity | Small Entity | | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity | |
| Fee Description | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| _____ | | - = _____ | x _____ | = _____ | Fee (\$) | | Fee Paid (\$) |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| _____ | | - = _____ | x _____ | = _____ | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| _____ | - 100 = _____ | /50 _____ (round up to a whole number) x _____ | | = _____ | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | Fees Paid (\$) | |
| Other (e.g., late filing surcharge): <u>1253 Extension for response within third month</u> | | | | | | <u>1,020.00</u> | |

| | | | | | |
|---------------------|---------------------|-----------------------------------|-----------------|-----------|----------------|
| SUBMITTED BY | | | | | |
| Signature | | Registration No. (Attorney/Agent) | 41,710 | Telephone | (617) 227-7400 |
| Name (Print/Type) | Jeanne M. DiGiorgio | Date | August 19, 2005 | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV553870719US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 19, 2005

Signature: (Jeanne M. DiGiorgio)